

**MOULTONBOROUGH POLICE DEPARTMENT
PARKING TICKET HEARING FORM
TICKET RECIPIENT**

NAME: _____

MAILING ADDRESS: _____

RESIDENCE ADDRESS: _____

HOME TEL#: _____ WORK TEL# _____

OFFENDING VEHICLE

YR/MAKE/MODEL: _____ REG: _____ STATE: _____

OWNER (If Different): _____

ADDRESS (If Different): _____

CITATION INFORMATION

ACTION TAKEN
(LEAVE BLANK)

OFFENSE: _____ AFFIRMED: _____

TICKET#: _____ REDUCED: _____

LOCATION: _____ VOIDED: _____

AUTHORITY: _____

REASON WHY YOU FEEL TICKET SHOULD BE VOIDED

Return this form to:

Moultonborough Police Department
PO Box 121, 10 Holland Street
Moultonborough, NH 03254